

NOV 14 2005

Atty Docket No. 014801-000400US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Paula W. Klimach

Group Art Unit 2135

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Paula W. Klimach

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Kevin J. Page, et al., Application No. 09/360,068, filed July 23, 1999 for METHOD AND APPARATUS FOR ESTABLISHING A SECURE SMART CARD COMMUNICATION LINK THROUGH A COMMUNICATION NETWORK are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form
2. Petition for Extension of Time (in duplicate)
3. Amendment

Number of pages being transmitted, including this page: 20

Dated: November 14, 2005


Jeanette Olivera

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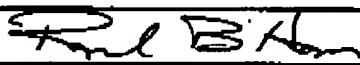
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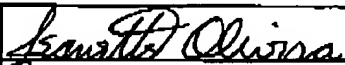
60635876 v1

PTO/SB/21 (09-04)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/360,088
	Filing Date	July 23, 1999
	First Named Inventor	Page, Kevin J.
	Art Unit	2135
	Examiner Name	Paula W. Klimach
	Attorney Docket Number	014801-000400US
Total Number of Pages in This Submission		19

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Raymond B. Horn		
Date	Nov 14, 2005	Reg. No.	44,773

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300 on November <u>14</u> , 2005.			
Signature			
Typed or printed name	Jeanette Olivera	Date	Nov. 14, 2005

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